



Your Therapy Source News

Digital magazine for pediatric
occupational and physical therapists.

Issue 3 - June 2009

www.YourTherapySource.com

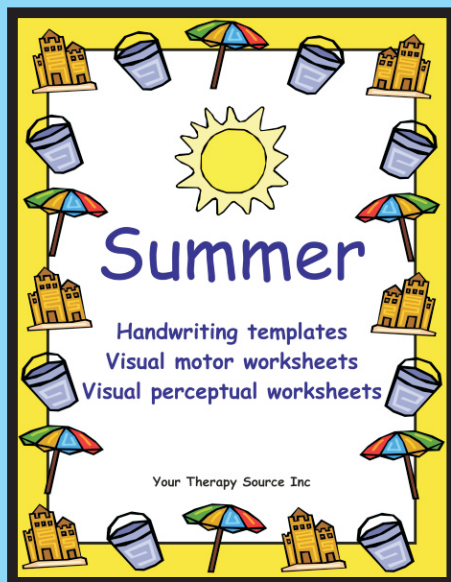
In This Issue



Your Therapy Source Inc

New Products	3
Sensory Adaptations, Developmentally Disabled Children and the Dentist	4
FDA Report on Botox and Cerebral Palsy	5
Inclusive Sports Participation	6
Benefits of Short Bouts of Physical Activity	7
Ideas for June	8
Hot Topics	9
FREE Stuff	10
Spring 2009 Survey Results	11

New and Popular Products



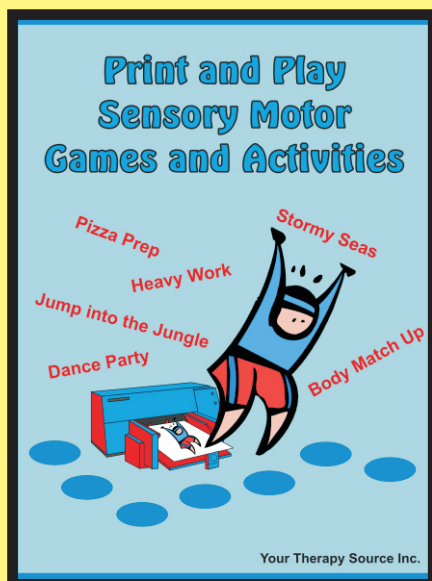
Summer Handwriting Activities - Summer Handwriting Activities is a great collection of handwriting templates, visual motor worksheets, visual closure and visual perceptual activities. The handwriting templates are spaced 1", 1 1/2" and 2" apart with an added color blocks to mark writing spaces. This download is great for push in therapy, therapy homework or consultation services in the classroom.

Summer handwriting activities encourage:

- handwriting skills
- visual motor skills
- visual perceptual and visual closure skills
- fine motor skills

LIST PRICE: \$4.99

www.YourTherapySource.com/summerhandwriting



Print and Play Sensory Motor Games and Activities - This is an electronic book (12 pages) of 6 activities that encourage fine motor skills, gross motor skills, visual perceptual/ visual motor skills, body awareness, motor planning and proprioceptive input. These activities are excellent for physical activity breaks, preparatory activities and overall motor skill development.

As with all our products, the activities are reproducible to use over and over again with all the children that you teach.

LIST PRICE: \$8.99

Shipping: FREE - once payment is made you will receive an e-mail with a link to download the book.

www.YourTherapySource.com/printplay

www.YourTherapySource.com

Sensory Adaptations, Developmentally Disabled Children and the Dentist

New research published in the *Journal of Pediatrics* reports that 16 children (ages 6-11 years old) with developmental disabilities had decreased anxiety during dental visits when a sensory adapted environment was used. The study compared developmentally disabled children to typical peers. During the first dental visit, no environmental adaptations were used. During the second dental visit, each group experienced a sensory adapted environment of:

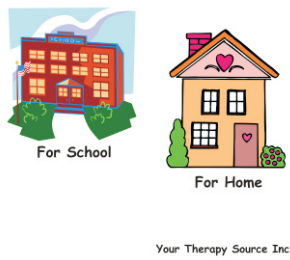
1. color lamp
2. examiner wore LED headlamp aiming light directly at patient's mouth
3. soothing music
4. wearing a heavy vest to give feeling of a hug
5. vibration in the dental chair.

During the second visit, anxiety levels were decreased in all children. The children with developmental disabilities experienced a more significant decrease in anxiety.

These are very simple adaptations to try during a dental visit. Keep in mind, that each child reacts differently to certain sensory stimuli. For example, one child may like the vibration and one child may find it to be noxious. A trained occupational therapist could offer further suggestions on an individual basis for children with developmental disabilities.

Reference: Michele Shapiro OT, MSc, b, , Harold D. Sgan-Cohen DMD, MPHc, Shula Parush OT, PhD and Raphael N. Melmed MD, FRCPd Influence of Adapted Environment on the Anxiety of Medically Treated Children with Developmental Disability *The Journal of Pediatrics* Volume 154, Issue 4, April 2009, Pages 546-550

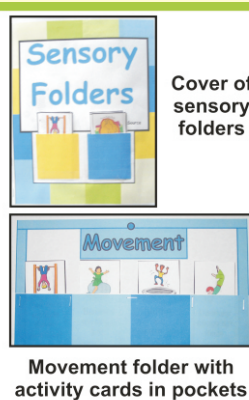
Cut and Paste Sensory Diet



Cut and Paste Sensory Diet

Reinforce sensory diets at home and at school with this download.

www.YourTherapySource.com/sensorydiet



Sensory Folders

Visual reinforcements for sensory activities at home and school.

www.YourTherapySource.com/sensoryfolders

FDA Report on Botox and Cerebral Palsy

The FDA has added some updated information regarding the use of Botox in children. They are now requiring that all manufacturers of Botox add a box warning "regarding the risk of adverse events when the effects of the toxin spread beyond the site where it was injected". The manufacturers also have to come up with a Risk Evaluation and Mitigation Strategy. This is to measure whether the benefits outweigh the risks. The FDA has reviewed new data regarding the use of Botox in pediatric cases. The summary of the findings is:

In pediatric postmarketing adverse event case reports, botulinum toxin products were mostly used to treat muscle spasticity in cerebral palsy, a use that has not been approved by the FDA. The reported cases of spread of botulinum toxin effect beyond the site of injection were described as botulism, or involved symptoms including difficulty breathing, difficulty swallowing, muscular weakness, drooping eyelids, constipation, aspiration pneumonia, speech disorder, facial drooping, double vision, or respiratory depression. Serious case reports described hospitalizations involving ventilatory support and reports of death.

The FDA continues to support the recommendations that they made previously on Feb 8, 2008 which you can read below.

On February 8, 2008 the Federal Drug Administration (FDA) issued a report on the use of Botulinum Toxin Type A and Type B in children and adults. They have received reports of severe adverse reactions (which may be botulism) to botulinum doses including hospitalization and death in children. These adverse effects have occurred mostly in children with spastic cerebral palsy. Doctors are currently using Botox off label in children with cerebral palsy for the drug is not approved for this use in the United States. The FDA is presently reviewing: data from pharmaceutical companies, medical research and evaluating cases from its reporting system. Currently the FDA reports that most of the pediatric cases were children under 16 years old with cerebral palsy limb spasticity.

The FDA recommends that any professionals that work with clients who receive botulinum should be aware of the symptoms of botulism. Some symptoms of botulism include: difficulty swallowing, weakness, difficulties breathing, voice changes and shortness of breath.

They should also inform the clients of these symptoms so that they are aware of potential side effects and to seek immediate medical attention. In addition, the FDA reports that these symptoms of botulism have been reported to occur as quickly as one day after Botox and as late as several weeks after the Botox treatment.

The FDA plans to follow up on this report when the review of all the data is complete. If you have had experience with serious side effects of botulinum, the FDA would like you to report it by filling out a form at <http://www.fda.gov/medwatch/report/hcp.htm>.

Reference:

US Food and Drug Administration UPDATE Follow-up to the February 8, 2008, Early Communication about an Ongoing Safety Review of Botox and Botox Cosmetic (Botulinum toxin Type A) and Myobloc (Botulinum toxin Type B) Retrieved from the web on 5/1/09 at http://www.fda.gov/CDER/Drug/early_comm/botulinum_toxins200904.htm

US Food and Drug Administration. Early Communication about an Ongoing Safety Review Botox and Botox Cosmetic (Botulinum toxin Type A) and Myobloc (Botulinum toxin Type B). Retrieved from the web on 3/19/08 at www.fda.gov/cder/drug/early_comm/botulinum_toxins.htm.

These pages are not intended to provide medical advice or physician/therapist instruction. Information provided should not be used for diagnostic or training purposes. Consult a therapist or physician regarding specific diagnoses or medical advice.

Inclusive Sports Participation



Adapted Physical Activity Quarterly reports on research indicating that persons with intellectual disabilities frequently join inclusive sports but do not continue with the inclusive sports overtime. Parents reported rejection by staff and other participants. In addition, parents felt there was a lack of contact and understanding of people with intellectual disabilities.

Physical activity for persons with disabilities is extremely important. It is disappointing to hear that parents find inclusive sports not appropriate for children with intellectual disabilities. School based occupational and physical therapists can be instrumental in promoting physical activity for the disabled. Try to schedule a presentation on inclusive sports for your community or school. Here are some tips to help any children with disabilities participate in inclusive sports programs:

1. First and foremost make sure that the sports program is accessible for the child. If not, offer some modifications that can make the program accessible.
2. Educate the coaches and volunteers on the child's disability. If a coach does not know what to do this can make participation very difficult.
3. If any modifications require adapted equipment, make sure all sports staff know how to use it.
4. Offer suggestions on how to present the directions or rules in different formats instead of just verbally. Maybe the coach could provide written rules or visual demonstrations.
5. Inform sports staff that the child may need accommodations such as more time to complete a skill.
6. If a child requests additional help, perhaps assign a partner (peer or adult) to help.
7. Do not assume a child can not do a task. If possible and safe, always let them try first before determining that something can not be accomplished. Most likely, sports staff will be amazed at what children can accomplish.
8. Remind staff of safety precautions that be necessary for specific disabilities such as a visual or hearing impairment.

Reference: Eva Hiu-Lun Tsai, Lena Fung. Parents' Experiences and Decisions on Inclusive Sport Participation of Their Children With Intellectual Disabilities
APAQ, 26(2), April 2009.



These pages are not intended to provide medical advice or physician/therapist instruction. Information provided should not be used for diagnostic or training purposes. Consult a therapist or physician regarding specific diagnoses or medical advice.

Benefits of Short Bouts of Physical Activity

A recent study in the *International Journal of Pediatric Obesity* offers some exciting research regarding physical activity in boys. The researchers studied physical activity levels in 47 boys (ages 8-10 years old) using accelerometry for seven days. After the seven days they measured waist circumference, aerobic fitness and microvascular function. The researchers discovered that the boys performed short physical bouts of activity rather than long, sustained periods. This was consistent with previous research which indicated that children normally perform short bouts of physical activity. The frequency of short bouts of physical activity was associated with waist circumference, aerobic fitness and microvascular health. There was no correlation with blood pressure. The researchers recommend further studies to determine if overtime the results remain and if the physical activity patterns are the same for girls.

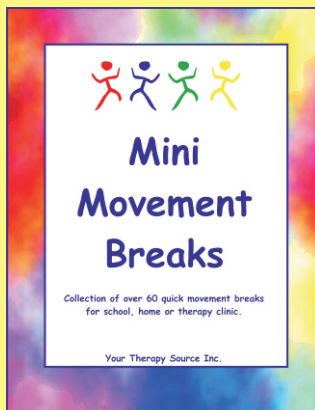
Here are some suggestions to apply this research:

1. Encourage children to participate in any amount of physical activity (short or long).
2. Research has shown that children normally move in short bursts therefore keep that in mind during sporting practices if children are losing their focus.
3. Break up sedentary time with movement breaks whenever possible. Try our [Mini Movement Breaks](#) - this is a collection of physical activity breaks for children that can be performed with no equipment indoors or outdoors. Below is a video of how to create the mini movement break notebooks or shoe boxes. Download the breaks and create these notebooks to pass out to teachers and parents. Even better, have the children help to create the notebooks or shoe boxes to include fine motor skill development practice!

References:

Stone et al. The pattern of physical activity in relation to health outcomes in boys. *International Journal of Pediatric Obesity*, 2009; 1 DOI: 10.1080/17477160902846179

University of Exeter (2009, May 13). Sporadic Play Activity As Beneficial To Child Health As Continuous Bouts Of Exercise, Study Suggests. *ScienceDaily*. Retrieved May 15, 2009, from <http://www.sciencedaily.com/releases/2009/05/090511101652.htm>



Mini Movement Breaks - This download is a collection of 60+ quick sensory motor activity cards. The mini movement breaks are quick, require no equipment and can be done indoors. Most of the movement breaks can be done with one child or a group of children. It does not get any easier than this to encourage sensory motor activities in the classroom or home. Also included is a poem poster to calm down after the activity breaks. Directions and printables are included. Video tutorial available on website at

www.YourTherapySource.com/minimovevideo .

LIST PRICE: \$3.99

www.YourTherapySource.com/minimove

Ideas for June

Celebrate Dairy Month:

June is Dairy Month. This is the perfect time to make the ever popular milk jug scoops to work on eye hand coordination skills. Get a clean, one gallon, plastic milk container. An adult should cut off the bottom third leaving the handle intact. Tape any sharp edges. Your scoop is ready. Create another scoop. Find a soft ball and two kids. Play catch with the scoops and the ball.

Tired of scoop ball? Put the cap on the top of the milk jug. Use the scoops for water play.

June 14th - Flag Day:

Make a flag with handprints. Paint the children's hands red and put the handprints in a line on the flag to create the stripes. Using blue fabric markers, have each child draw a star if able. Let it dry. Plan a parade to some fun marching music around the room or outdoors.

Graduation Celebration:

Throw a graduation party for all the students who are being discharged from therapy services or who are moving on to a new stage. Try this for some sensory, visual and coordination fun. Make a diploma pinata with the students. Take a cardboard wrapping paper tube. Tape the bottom with shipping tape. Use the flour and water recipe for paper mache and dip newspaper strips into it. Place all over the tube. Let it dry for at least 24 hours. Paint it. Tie a red ribbon around the middle. Fill with prizes. Hang from the ceiling and bat away. Hand out awards - see below or www.YourTherapySource.com/awards.

End of the Year Talent Show:

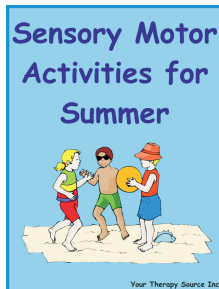
Plan a therapy skills show. Students can exhibit the skills that they learned in therapy over the school year to teachers, classmates and parents. Maybe showcase how to use a new piece of assistive technology or adapted equipment. Don't have time to plan a show? Have the children complete the following statement and hang their responses on a bulletin board - "The most important skill I learned in therapy this year was.....".



Awards, Signs and Certificates for School Based Occupational and Physical Therapy

On sale for \$0.99 for the download until 6/7/09.

www.YourTherapySource.com/awards



Sensory Motor Activities for Summer

has over 35 ideas and activities for Summer time fun.

Only \$4.99 for the download.

www.YourTherapySource.com/summeractivities

These pages are not intended to provide medical advice or physician/therapist instruction. Information provided should not be used for diagnostic or training purposes. Consult a therapist or physician regarding specific diagnoses or medical advice.

Hot Topics

SPD in the DSM-V

The *Sensory Processing Disorder Foundation* needs to get 20,000 signatures in support of continued research to get diagnostic recognition of sensory processing disorder (SPD) in the DSM-V (Diagnosis and Statistical Manual). Most therapists are aware that SPD is not a recognized diagnosis. Others may not be aware which causes confusion among health care providers, parents, teachers and insurance companies. It makes it very difficult to get reimbursement for therapy sessions for people with sensory processing disorder. If you support Sensory Processing Disorder in the DSM-V, please take the time to sign their petition at <http://www.spdfoundation.net/petition.php>

Empower Children with Disabilities By Creating Works of Art

Here is some motivation to get children with disabilities to express themselves through art. The Anne Carlsen Center is sponsoring *Accessing the Artist Within*. This purpose of this program is to introduce children with disabilities various ways to express themselves through art using assistive technology. The submitted artwork will be displayed on a website. In addition, 10 works of art will be chosen to be exhibited at the **Closing the Gap** Conference in October 2009. Two important rules are that the children must be ages 5-21 years old and use some assistive technology to create the art. Artwork submitted can be of various types such as paintings, digital art, music compositions (try www.creatingmusic.com), photographs and more.

This seems like a great project for school based therapists to promote. This is an opportunity to practice using assistive technology tools while creating a piece of art. In addition, you will be teaching the child a life long leisure skill.

Go to the website for further details at http://www.annecenter.org/news_events/adaptive-art.html.

Sensory Motor Groups in Children with Down Syndrome

The current issue of *Pediatric Physical Therapy* has published research on sensory motor groups for children with Down Syndrome. The researchers compared 2 groups of children with Down Syndrome (10 children total ages 13-29 months of age). One group received only individualized interventions and the other group received the individualized interventions along with 10 weekly sessions of a sensory motor group. Children in the cluster that received the weekly sensory motor group interventions exhibited significant improvements on the Gross Motor Function Measure in the following sections: lying and rolling, kneeling and total score. Significant improvements were also seen in Goal Attainment Scaling. The researchers concluded that sensory motor group interventions resulted in greater improvements when compared to only individualized interventions. They recommended further research in this area.

For sensory motor group activity ideas check www.YourTherapySource.com for **Sensory Motor Group Activities A to Z**. Need activity ideas in a hurry - **25 Instant Sensory Motor Group Activities**.

Reference: LaForme Fiss, Alyssa C. PT, PhD, PCS; Effgen, Susan K. PT, PhD; Page, Judith PhD, CCC-SLP; Shasby, Sharon PhD, OTR/L **Effect of Sensorimotor Groups on Gross Motor Acquisition for Young Children with Down Syndrome**. *Pediatric Physical Therapy*. 21(2):158-166, Summer 2009.

These pages are not intended to provide medical advice or physician/therapist instruction. Information provided should not be used for diagnostic or training purposes. Consult a therapist or physician regarding specific diagnoses or medical advice.

FREE Stuff

FREE fine motor and visual motor download for the month of June - Caterpillar Activity

This download includes four activities to complete with this cute caterpillar friend. Create small clay balls for the body, use ink dabbers to complete the pictures, complete the circles or create a 3-D work of art. It is available for download at:

www.YourTherapySource.com/newsletterinfo

Speech Recognition Software Evaluation

Speech recognition software enables computer users to use voice commands to control the computer such as typing and mouse functions. Some students with dysgraphia, physical or learning disabilities use this type of software. If you are thinking of recommending speech recognition software for a student, you may want to check out this website - www.customtyping.com. They have created a short evaluation form to determine if the student has the ability to use speech recognition. This type of assistive technology requires training and considerable practice (not to mention money for certain programs). This evaluation tool helps to determine the level of assistance and training a student will need to learn how to use voice input.

Google Sketch Up and Autism

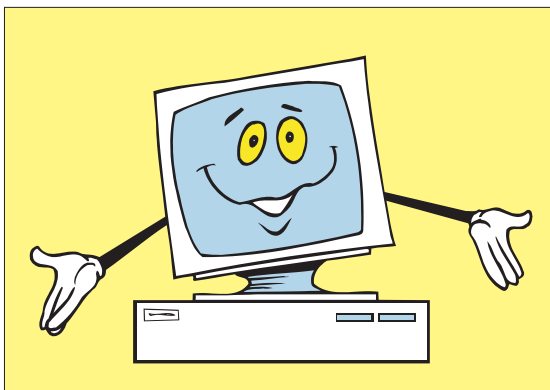
Google offers a free 3D design software called Google SketchUp through Project Spectrum. This allows people with autism to express themselves creatively with modeling software. There is a manual for lesson plans. For more information watch this video at

www.yourtherapysource.blogspot.com/2009/04/asd-google-sketch-up-and-life-skills .

FREE Social Stories

Here is a website that offers free downloads of common social stories. They range in topics but many are school related. The social stories address issues such as outdoor recess, bathroom use, going to the playground, walking in the hall and more. Worth a look and it is free in power point or adobe pdf

/ www.region2library.org/SocialStories



Follow us on Twitter

[www.Twitter.com/YTherapySource](https://twitter.com/YTherapySource)

Follow our blog at

www.YourTherapySource.blogspot.com

Survey Results - Direct and Indirect Therapy

Here are the questions and results from our internet Spring 2009 Survey on types of direct and indirect therapy for school based therapists. Please participate in our current survey on discontinuing school based therapy services at www.YourTherapySource.com/survey.

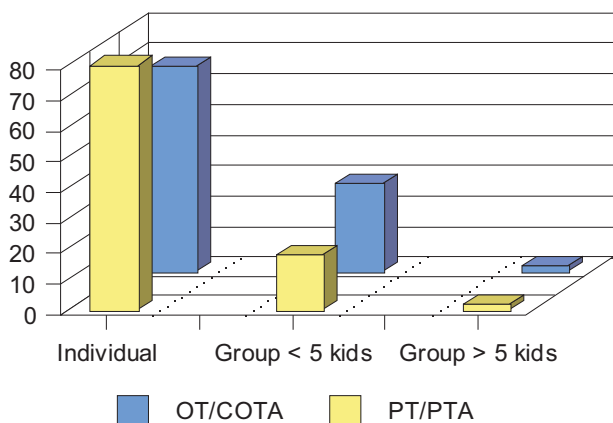
Questions #1: Are you a pediatric OT/COTA or PT/PTA?

Responses: 92 OT/COTA's and 44 PT/PTA's for a total of 136 responses

Question #2: QUESTION #2: How do you provide the majority of your direct therapy services? Please choose only one. Individual, Group up to 5 children, or Group of more than 5 children?

Responses:

Direct Services



OT/COTA's responses:

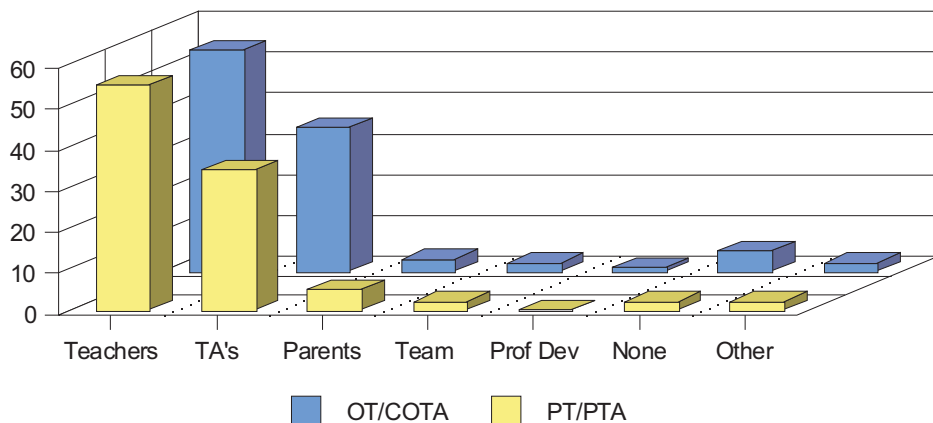
67% individual
29% groups up to 5 kids
2% groups > 5 kids

PT/PTA's responses:

80% individual
18% groups up to 5 kids
2% groups > 5 kids

QUESTION #3: How do you provide the majority of your indirect therapy services? Please choose only one. Consultation with teachers, consultation with teacher's assistants, consultation with parents, team teaching, professional development, do not provide indirect therapy OR other.

Indirect Services



OT/COTA's responses:

54% Consult with teachers
34% Consult with Ta's
3% Consult with parents
2% Team teach
1% Professional Development
5% Do not consult
4% Other

PT/PTA's responses:

55% Consult with teachers
34% Consult with Ta's
5% Consult with parents
2% Team teach
0 Professional Development
2% Do not consult
2% Other

These pages are not intended to provide medical advice or physician/therapist instruction. Information provided should not be used for diagnostic or training purposes. Consult a therapist or physician regarding specific diagnoses or medical advice.

Your Therapy Source Inc.

www.YourTherapySource.com



**Visit
www.YourTherapySource.com**

for a full list of our products including:

- **documentation forms**
- **sensory motor activity ideas**
- **sensory processing resources**
- **visual perceptual activities**
- **music downloads**

We ship digital items worldwide for FREE!

Visit our website for FREE hand-outs, articles, free newsletter, recent pediatric research and more!

www.YourTherapySource.com